



Office of the Coroner

AUTOPSY REPORTLillis, Jeffrey Scott
[REDACTED]

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PATHOLOGIC DIAGNOSES

- I. Sepsis due to severe lobar pneumonia
 - a. *Staphylococcus aureus* grown on blood and lung tissue cultures
 - b. Severe lobar pneumonia with abscess of left lung (left lung weight 1230 grams)
 - c. Mild bronchopneumonia of right lung
 - d. Left pleural empyema (300 ml)
 - e. Recent history of fever and cough

- II. Cerebral edema (brain weight 1680 grams)



- V. Mild atherosclerotic cardiovascular disease with 30% stenosis of right coronary artery

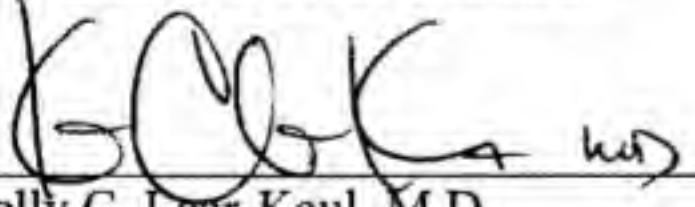
OPINION

This 37 year old man, Jeffrey Scott Lillis, died of *Staphylococcus aureus* sepsis due to severe bacterial pneumonia.

Per reports, the decedent was an inmate at the Arapahoe County jail and had a several day history of fever and severe cough. He was found unresponsive in his cell; emergency medical services responded however he was pronounced dead at the scene. [REDACTED]

Autopsy examination revealed a severe lobar pneumonia predominately affecting his left lung with associated left empyema. Blood and lung tissue bacterial cultures grew *S. aureus*; nasal wash for influenza A and B was negative for viral antigen. Vitreous electrolytes were within expected ranges. Toxicologic analyses of body fluids obtained at time of autopsy revealed the presence of diphenhydramine and were negative for alcohol, drugs of abuse or additional medications.

The manner of death is natural.


 Kelly C. Lear-Kaul, M.D.
 Coroner/Forensic Pathologist
 Arapahoe County Coroner's Office

03/06/2015
 Date Signed



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INTERNAL EXAMINATION (continued)**RESPIRATORY SYSTEM:**

The larynx and trachea show brown to red discoloration of the mucosal surfaces without additional abnormalities and are continuous in the usual manner with the primary bronchi. The upper and lower airways are patent and the mucosal surfaces are yellow to red. The right and left lungs weigh 660 and 1230 grams, respectively. The pleural surfaces of the right lung are smooth and glistening and of the left lung are mottled with fibrinous adhesions particularly involving the lobar fissure. The pulmonary parenchyma of the right lung is dark pink to red and the cut surfaces exude mild amounts of blood and frothy fluid; within the upper aspect of the lower lobe of the right lung is a circumscribed focus of dark red consolidation involving 25% of the lobar parenchyma. The parenchyma of the left lung is red to purple and diffusely hemorrhagic appearing with extensive uniform diffuse consolidation compromising 75% of the parenchyma of the upper lobe and 100% of the parenchyma of the lower lobe. Within the lower lobe of the left lung is a 2.5 centimeter irregular abscess. The pulmonary vessels are normally developed and patent.